



## HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
<b>Total Population*</b>	14 million (mid-2007)
<b>Estimated Population Living with HIV/AIDS**</b>	61,400 (ages 15–49) (2007)
<b>Adult HIV Prevalence**</b>	0.9% (end 2006)
<b>HIV Prevalence in Most-At-Risk Populations***</b>	Brothel-Based Female Sex Workers: 12.7% (2006) Police: 3.1% (2002) MSM: 8.7% (Phnom Penh, 2005)
<b>Percentage of HIV-Infected People Receiving Antiretroviral Therapy**</b>	78.7% (2007)

\*US Census Bureau \*\*UNGASS Country Progress Report, 2006–2007 \*\*\*BSS 2000, 2003

Cambodia's HIV/AIDS epidemic is concentrated among high-risk groups and largely driven by men visiting commercial sex workers. However, as correct and consistent condom use in brothels has increased and remained higher than 90 percent since 2001, HIV prevalence among brothel-based female sex workers decreased from 42.6 percent in 1998 to 33.2 percent in 1999 to 12.7 percent in 2006, a remarkable achievement. Though behavior change in terms of increased condom use and partner reduction has clearly had an impact on the decline in incidence, this reduction has also resulted from a large number of deaths among men who were infected early in the epidemic prior to the introduction of lifesaving antiretroviral therapy (ART). Prevalence of HIV infection among women visiting antenatal care (ANC) clinics also declined from a high of 2.1 percent in 1999 to 1.1 percent in 2006. Following the introduction of ART in 2004 and its rapid expansion in recent years, prevalence is expected to remain stable or possibly increase slightly as the number of deaths from AIDS declines.

Though prevalence among the general population continues to decline, groups that engage in high-risk behaviors continue to threaten Cambodia's success in fighting HIV/AIDS. Consistent condom use with regular partners remained constant at 54 percent since 2003. Other factors that threaten Cambodia's success include increasing drug use, particularly injecting drug use, and a growing awareness of high-risk behaviors among men who have sex with men (MSM). Each of these populations has multiple and overlapping high-risk behaviors and serves as bridge populations to wives and children.

Cambodia has a high tuberculosis (TB) burden, with 220 new cases per 100,000 people in 2006, according to the World Health Organization. Approximately 10 percent of TB patients are co-infected with HIV, and HIV-TB co-infections pose a challenge to providing treatment and care for both diseases.

### National Response

NCHADS is the HIV/AIDS focal point within the Ministry of Health (MOH), with lead responsibility for recommending and implementing policies and strategies for the health sector response to the HIV epidemic. Through the provision of effective health services, it works to reduce the risk of exposure to sexually transmitted diseases (STDs), including HIV/AIDS; reduce the risk of transmission of STDs and HIV/AIDS; and provide care and support for those infected. NCHADS was established in 1998 following the amalgamation of the National AIDS Program and the National STD and Dermatology Clinic. Since then, its primary purpose has been to respond to the HIV/AIDS epidemic through the implementation of HIV/AIDS strategic plans. The civil society response in Cambodia is coordinated through the HIV/AIDS Coordinating Committee, an umbrella body with a membership of approximately 90 nongovernmental organizations (NGOs).

After the first case of HIV was detected in Cambodia in 1991, prevalence of infection increased steadily to a high of 2 percent in 1998. In the early years of the epidemic, the Royal Government of Cambodia took a pragmatic approach by accepting surveillance data that showed that the epidemic was being driven by male sexual behavior. The first brothel-based and outreach prevention programs were started in 1993; condom social marketing began in 1995; and the "100% Condom Strategy" in brothels was launched in 1999. As a result, HIV prevalence was cut by more than half, to 0.9 percent in 2006, according to the National Center for HIV/AIDS, Dermatology and STDs (NCHADS).



Currently, the National AIDS Authority is administering the National Strategic Plan for a Comprehensive & Multisectoral Response to HIV/AIDS from 2006–2010, while NCHADS administers the Strategic Plan for HIV/AIDS and STI Prevention and Care in the Health Sector from 2008–2010. The goals of the current strategies are to reduce new infections of HIV; provide care and support to people living with and affected by HIV/AIDS; and alleviate the socioeconomic and human impact of AIDS on the individual, family, community, and society.

To achieve these objectives, the Royal Government of Cambodia is implementing prevention interventions targeted at sex workers and their clients. For example, the “100% Condom Strategy” and the military peer education program have proved effective in curbing transmission and reaching increasing numbers of people. Additional prevention activities are now being scaled up to address a growing number of vulnerable groups, such as MSM, drug users, and street children. In the care and support area, the introduction and scale-up of ART has been the biggest success, covering 26,664 patients at 49 sites by December 2007. This is approximately 80 percent of all persons in need of

ART services and represents a tremendous improvement in coverage over the past few years. Voluntary counseling and testing also expanded to 195 sites throughout the country by December 2007, and 259,862 persons were tested for HIV in 2007. The Continuum of Care package implemented through the MOH has been delivered at increasing numbers of health facilities covering 39,739 people living with HIV/AIDS (PLWHA). These facilities work in close collaboration with PLWHA support networks and public-private “home-based care teams” that covered 25,395 PLWHA by the end of 2007. Many NGOs have developed services for orphans and families affected by HIV/AIDS, but the need for more support remains high. Cambodia has been integrating HIV/AIDS into reproductive health and ANC services (testing for HIV reached just over 11 percent of pregnant women in 2007) and into TB services (nearly 40 percent of new TB patients were tested for HIV in 2007). However, there has been little progress toward assessing and addressing macro-level impacts of HIV/AIDS, e.g., on economic development and food security.

Cambodia’s HIV/AIDS activities have focused on a cross-sectoral approach. For example, the Ministry of Education has included HIV/AIDS education in its new national curriculum to ensure that future generations have a broad understanding of health issues and how they impact individual’s lives.

In November 2007, Cambodia was approved for a seventh-round grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria to scale up interventions for HIV prevention, treatment, care, and mitigation for vulnerable and marginalized populations at risk. The U.S. Government provides one-third of the Global Fund’s total contributions.

## USAID Support

The U.S. Agency for International Development (USAID) has been supporting HIV/AIDS programs in Cambodia since 1994 and in fiscal year 2008 provided \$13.92 million for essential HIV/AIDS programs and services. USAID programs in Cambodia are implemented in partnership with the U.S. President’s Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of \$39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

USAID’s efforts in Cambodia have focused on prevention, treatment, and care and support. USAID-supported activities in western Cambodia have helped to reduce stigma and discrimination. By organizing community forums that raise awareness about HIV/AIDS and educate communities about the disease, more HIV-positive individuals are receiving support and acceptance from their communities.

U.S. Government-supported maternal and child health (MCH) programs focus on the strengthening of quality public sector ANC through facility- and community-based NGOs and on the integration of prevention of mother-to-child HIV transmission (PMTCT) into a basic package of services. However, nearly 80 percent of deliveries take place in the home. Therefore, initiatives to deploy and support skilled midwives are a priority for MCH and HIV/AIDS programs.

In 2007, U.S. Government-supported successes in Cambodia included the provision of:

- ART to 5,700 people
- PMTCT services to 31,200 pregnant women
- ART to 170 pregnant women for PMTCT
- Counseling and testing services to 108,100 people

### **Important Links and Contacts**

American Embassy  
Phnom Penh, Cambodia  
N° 16-18, Street 228  
Tel: (855-23) 216 436  
Fax: (855-23) 217 638

USAID HIV/AIDS Web site for Cambodia:

[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/ane/cambodia.html](http://www.usaid.gov/our_work/global_health/aids/Countries/ane/cambodia.html)

For more information, see USAID HIV/AIDS Web site [http://www.usaid.gov/our\\_work/global\\_health/aids](http://www.usaid.gov/our_work/global_health/aids)

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